

# Community Advisory Committee Quarterly/Annual Visitation Report

County <i>Henderson</i>	Facility Type -		Family Care Home	Facility Name: <i>Cherry Springs AWF</i>
	<input checked="" type="checkbox"/> Adult Care Home		Nursing Home	
			Combination Home	
Visit Date <i>12/15/15</i>	Time Spent in Facility		hr <i>45</i> min	Arrival Time <i>9:55 am</i>
Name of Person Exit Interview was held with <i>Amy Hamilton</i>		SIC (Supervisor in Charge)		Interview was held <input checked="" type="checkbox"/> In-Person
Phone	<input checked="" type="checkbox"/> Admn.	Other staff		

Committee Members Present: *Annette Gotsch, Buddy Edwards* (Name & Title)  
*Deanna McWilliam, Donna Shelton*  
 Report Completed by: *Donna Shelton*  
 Number of Residents who received personal visits from committee members: *7*

Resident Rights Information is clearly visible.  Yes  No  
 Ombudsman contact information is correct and clearly posted.  Yes  No  
 The most recent survey was readily accessible.  Yes  No  
 Staffing information is posted.  Yes  No  
*Required for Nursing Homes Only*

Resident Profile	Comments & Other Observations
Do the residents appear neat, clean and odor free?	<i>Resident room had strong odor - facility wasn't as clean as we usually see in our previous visits.</i>
Did residents say they receive assistance with personal care activities, Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?	
Did you see or hear residents being encouraged to participate in their care by staff members?	
Were residents interacting w/ staff, other residents & visitors?	
Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	
Did you observe restraints in use?	
Did you ask staff about the facility's restraint policies?	<i>Facility Inspection 97. Kitchen Inspection 96.</i>

Resident Living Accommodations	Comments & Other Observations
Did residents describe their living environment as homelike?	<i>corner of mattress had plastic strips pulled with staples exposed. One room had medical setting on two tables in the resident room. (topical dress)</i>
Did you notice unpleasant odors in commonly used areas?	
Did you see items that could cause harm or be hazardous?	
1. Did residents feel their living areas were too noisy?	
2. Does the facility accommodate smokers?	
2a. Where? <input checked="" type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside and Outside.	
3. Were residents able to reach their call bells with ease?	
4. Did staff answer call bells in a timely & courteous manner?	
4a. If no, did you share this with the administrative staff?	

Resident Services	Comments & Other Observations
5. Were residents asked their preferences or opinions about the activities planned for them at the facility?	
3. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?	
3a. Can residents access their monthly needs funds at their convenience?	
7. Are residents asked their preferences about meal & snack choices?	
7a. Are they given a choice about where they prefer to dine?	
8. Do residents have privacy in making and receiving phone calls?	
9. Is there evidence of community involvement from other civic, labor or religious groups?	
10. Does the Facility have a Resident's Council?	

